## Best Available Copy

Effective December 29, 1999												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN	
FOR NUMBER FILED NU				NUMBER E	NUMBER EXTRA			FEE		RATE	FEE	
BASIC FEE					<b>张沙沙</b>		and the same	345.00	OR	( <del>-</del>	690.00	
TOTAL CLAIMS			minus 20= •			X	\$ 9=		OR	X\$18=	~ (	
NDEPENDENT CLAIMS minus 3 = *					X	39=		OR	X78=	مهم		
MULTIPLE DEPENDENT CLAIM PRESENT								20			+260=	
If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	30=		OR		0
							10	DTAL		OR	TOTAL OTHER	THAN
•	Cl	_AIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY				ENTITY	OR					
NT A	·	REN • A	LAIMS MAINING IFTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total		7-4	Minus	·· 23	= /	X	\$ 9=		OR	X\$18=	-18
	independent	•	4	Minus	··· 5	=	- x	39=		OR	X78=	
⋖ —	FIRST PRESE	NTATI	ON OF MU	JLTIPLE DEF	PENDENT CLAIM			130=		OR	+260=	
				-		نت.	لــــــــــــــــــــــــــــــــــــــ	TOTAL		OR	TOTAL	18
		(00	olumn_1) _		(Column 2)	(Column 3)		IT. FEE	<u></u>	10	ADDIT. FE'E	, 0
MENDMENT B		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	•	Minus	**	=	l l ×	\$ 9=		OR	X\$18=	
	Independent	•		Minus	•••	=		(39=		OR	X78=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>1</b>   -	130=		OR	+260=	
			•				AD0	TOTAL		OR	TOTAL ADDIT. FEE	
		(C	olumn 1)		(Column 2)	(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ENTC		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	$\Gamma$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total		-	Minus	••	<u> </u> =	X	\$ 9=		OR	X\$18=	
	Independent	·		Minus	•••	= -	Į F,	(39=		OR	X78=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							400		1		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+260= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE								OR	ADDIT. FEE	L		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

## This Form is for INTERNAL PTO USE ONLY Tiddes NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	108000
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## Total Fee Calculation

		- 3121 [ 66	Calematic	מס		
	Fee Cade	Total # Claims	Number Etten X	Fcc	Fcc	<u>- Total</u>
Basic Filing Fee	Sm./Lg			Sin. Entiry	Lg Entity	
Total Claim; >20	201/101	22.	$\sim$		- 1	. 200
independent Claum: >3	202/102			<del></del>	78	
Mult. Dep Claim Present		,	<u> </u>		270	
Surcharge	205/105				100.	130
English Translation	110					
TOTAL FEE CALCULA	TION				•	(CC)
Fees due upon filing th	e application					
Total Filing Fees Due =	= 'S <u>//</u>	030.0	<u> </u>			
Less Filing Fees Submi	ned - S					-
BALANCE DUE	= S <u>/</u>	80.00	<u>)                                    </u>			
Office of Initial Patent E	xamination					

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)